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CONFIRMATION NO. 8997

<b>SERIAL NUMBER</b> 10/702,688	<b>FILING OR 371(c) DATE</b> 11/06/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 4-31253B/C1
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/722,784 11/27/2000 ABN which claims benefit of 60/266,333 12/10/1999 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

1095

## TITLE

Pharmaceutical combinations and their use in treating gastrointestinal and abdominal viscera disorders

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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